MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

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TOTAL CLAIMS	·7 0	See all time				iris P.

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TOTAL IND.		1				1
TOTAL		=		490		400
DEP. TOTAL CLAIMS		01-75A		372		
CLAIMS	L	98 175		3838		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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